IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

John P. Atkinson, Dennis Hourcade, and Malgorzata Krych

PTO Facsimile Number: (703) 308-6778

Serial No.:

09/453,935

Date of Transmission:

November 20, 2001

Art Unit:

1632

Filed:

December 2, 1999

Batch No.:

K95

Examiner:

Crouch, D.

For:

CELLS EXPRESSING A MODIFIED REGULATOR OF COMPLEMENT

ACTIVATION

Box Issue Fee Commissioner of Patents and Trademarks Washington, D.C. 20231

Technology Center 2100

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Transmitted herewith are the (1) Issue Fee Transmittal Form PTOL-85B (in duplicate); and (2) Fee Transmittal (in duplicate). The Commissioner is hereby authorized to charge Deposit Order Account No. 50-1868 in the amount of \$1,340.00 to cover the (a) \$1,280.00 issue fee for a large entity, and (b) \$60.00 fee for twenty (20) copies of the patent.

This application is not entitled to claim small entity status pursuant to 37 C.F.R. § 1.27.

Request for Copy of Official Filing Receipt

Applicants note that no official Filing Receipt was ever received in this application. The first communication received from the U.S. Patent and Trademark Office after the

> WU# CED067-18/US MPI# MPI1991-005DV3

U.S.S.N.: 09/453,935 Filed: December 2, 1999

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PTO Facsimile No.: (703) 308-6778
Date of Transmission: November 20, 2001

application was filed on December 2, 1999, was the first Office Action, mailed July 18, 2000.

Applicants respectfully request a copy of the official Filing Receipt. Applicants amended the specification to include the priority data in the Preliminary Amendment filed with the application on December 2, 1999. The Examiner acknowledged the claim for domestic priority in the first Office Action, but applicants do not have the benefit of the official Filing Receipt to ensure that the priority claim is complete.

Respectfully submitted,

Patrea L. Pabst

Registration No. 31,284

Date: November 20, 2001

HOLLAND & KNIGHT LLP Suite 2000, One Atlantic Center 1201 West Peachtree Street, N.E. Atlanta, Georgia 30309-3400 (404) 817-8473 (Telephone) (404) 817-8588 (Fax) NOV.20'2001 18:41 #7738 P.006/008

U.S.S.N.: 09/453,935 Filed: December 2, 1999

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FILING DATE

APPLICATION NO.

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Applicant

TITLE OF CHILLS EXPENSED ING A MODIFIED REGULATOR OF COMPLEMENT ACTIVATION

TOTAL CLAIMS

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(A) NAME OF ASSIGNEE Washington University (B) RESIDENCE: (CITY & STATE OR COUNTRY) St. Louis, Missouri Please check the appropriate assignee category indicated below (will not be printed on the patent) Individual X: corporation or other private group entity				4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 50-1868 (ENCLOSE AN EXTRA COPY OF THIS FORM) X. Issue Fee I. Advance Order - # of Copies				
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